EASTVIEW MEDICAL & REHABILITATION CENTER

729 PARK STREET

ANTIGO 54409 Phone: (715) 623-23	356	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	on: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	168	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	173	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	163	Average Daily Census:	159

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	8	Less Than 1 Year	23.3
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years	14.7
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84		 	76.1
Adult Day Care	No			85 - 94	47.9	********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer		95 & Over 		Full-Time Equivalent Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	12.9	İ	100.0	(12/31/03)	
Other Meals Transportation	No No	Cardiovascular Cerebrovascular		65 & Over 		 RNs	8.4
Referral Service	No	Diabetes		Gender		•	5.7
Other Services	Yes						0.0
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male Female		Aides, & Orderlies	36.1
Provide Day Programming for		I		İ		•	
Developmentally Disabled	No				100.0	•	and a dead and a dead and

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	28	100.0	332	120	98.4	112	0	0.0	0	12	100.0	179	0	0.0	0	1	100.0	100	161	98.8
Intermediate				2	1.6	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	28	100.0		122	100.0		0	0.0		12	100.0		0	0.0		1	100.0		163	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	- 1				% Needing		Total
Percent Admissions from:	- 1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	14.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.8	Bathing	7.4		73.6	19.0	163
Other Nursing Homes	1.1	Dressing	11.0		76.1	12.9	163
Acute Care Hospitals	76.3	Transferring	28.2		46.6	25.2	163
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.8		60.7	21.5	163
Rehabilitation Hospitals	0.0	Eating	64.4		28.2	7.4	163
Other Locations	0.7	*****	*****	*****	*****	******	*****
Total Number of Admissions	270	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	5.5	Receiving Resp	iratory Care	21.5
Private Home/No Home Health	27.4	Occ/Freq. Incontiner	nt of Bladder	56.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	20.2	Occ/Freq. Incontiner	nt of Bowel	39.3	Receiving Suct	ioning	0.6
Other Nursing Homes	4.9	-			Receiving Osto	my Care	1.2
Acute Care Hospitals	16.0	Mobility			Receiving Tube		0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.2	Receiving Mech	anically Altered Diets	45.4
Rehabilitation Hospitals	0.0				3	-	
Other Locations	4.2	Skin Care			Other Resident C	haracteristics	
Deaths	27.4			3.1	Have Advance D	irectives	100.0
Total Number of Discharges	i	With Rashes		35.6	Medications		
(Including Deaths)	263 i				Receiving Psyc	hoactive Drugs	64.4

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************	*******	*****	*****	*****	*****	*****	*****	*****	*****	
		Own	ership:	Bed	Size:	Lic	ensure:			
	This	1 1			-199	Ski	lled	All		
	Facility				Group	Peer	Group	Facilities		
	%	8	Ratio	%	Ratio	8	Ratio	8	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94.4	80.8	1.17	84.0	1.12	84.0	1.12	87.4	1.08	
Current Residents from In-County	96.3	73.7	1.31	80.7	1.19	76.2	1.26	76.7	1.26	
Admissions from In-County, Still Residing	26.3	19.8	1.33	21.5	1.22	22.2	1.18	19.6	1.34	
Admissions/Average Daily Census	169.8	137.9	1.23	135.6	1.25	122.3	1.39	141.3	1.20	
Discharges/Average Daily Census	165.4	138.0	1.20	137.2	1.21	124.3	1.33	142.5	1.16	
Discharges To Private Residence/Average Daily Census	78.6	62.1	1.27	62.4	1.26	53.4	1.47	61.6	1.28	
Residents Receiving Skilled Care	98.8	94.4	1.05	94.8	1.04	94.8	1.04	88.1	1.12	
Residents Aged 65 and Older	97.5	94.8	1.03	94.5	1.03	93.5	1.04	87.8	1.11	
Title 19 (Medicaid) Funded Residents	74.8	72.0	1.04	71.9	1.04	69.5	1.08	65.9	1.14	
Private Pay Funded Residents	7.4	17.7	0.42	17.4	0.42	19.4	0.38	21.0	0.35	
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	6.5	0.00	
Mentally Ill Residents	4.9	31.0	0.16	31.8	0.15	36.5	0.13	33.6	0.15	
General Medical Service Residents	46.6	20.9	2.23	21.1	2.21	18.8	2.48	20.6	2.27	
Impaired ADL (Mean)	45.8	45.3	1.01	47.6	0.96	46.9	0.97	49.4	0.93	
Psychological Problems	64.4	56.0	1.15	57.6	1.12	58.4	1.10	57.4	1.12	
Nursing Care Required (Mean)	13.4	7.2	1.86	7.8	1.73	7.2	1.87	7.3	1.83	